

file 91

PRESENTATION OF THE UNHCR SURVEY

FOR IODINE DEFICIENCY DISORDERS AMONG AFGHANS REFUGEES

SWAT VALLEY, NWFP , PAKISTAN.

FOR UNHCR, ISLAMABAD

PESHAWAR

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1- INTRODUCTION

A clinical survey was conducted in Koga camp from the 13th to the 18th of January 1990. The purpose of this survey was to assess the prevalence of TDD and its severity after the medical officer, Dr Muchtak Ahmat, reported several cases of visible goitres.

Koga is located in the hilly area of Swat valley, 56 kilometers from Mardan. The altitude is approximately 2200 feet.

The total refugee population of Koga is 11040; they have been living in this area for 5 to 9 years. They are mainly Paschtu speaking but they come from many different provinces as follows: Baghlan, Paktia, Logar, Kunar, Kunduz, Laghman, Nangarhar, Kabul.

UNHCR provides them material assistance and health care. The BHU (Basic Health Unit), two kilometers distant from the camp, is under the supervision of Dr Muchtak Ahmat. He has observed 6 to 7 cases of goitres among children each month.

2- SURVEY METHODOLOGY

The goitres were classified as follows (system of Perez) :

- grade 0 : no goitre
- grade 1 : goitre palpable

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2- SURVEY METHODOLOGY

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- grade 0 : no goitre
- grade 1 : goitre palpable

- grade 2 : goitre visible with the neck in normal position.

- grade 3 : very large goitre that can be recognized at a distance of 5 meters.

The sample population included 1312 individuals of whom 898 were males and 414 females.

First, the five schools under UNHCR jurisdiction were visited (see map for location); 898 students from age 4 to 20 were registered and checked, including primary and middle schools classes.

Several houses were selected in different parts of the camp, the last two days of the survey, and females from 4 to 45 were included in the survey. Among the females surveyed, 40 were pregnant and registered during antenatal clinic (see map for location).

3- SURVEY RESULTS

The overall prevalence of goitres of all grades observed was 49,4 %.

The annex Table 1 displays the prevalence of goitres by age and sex distribution.

ANNEX TABLE 1

AGE	TOTAL NUMBER OF POPULATION	GRADE 0		GRADE 1		GRADE 2		GRADE 3		1 + 2 + 3		% OF EDITRES
		M	F	M	F	M	F	M	F	M	F	
0-1	1	-	-	-	-	-	-	-	-	1	1	-
2-4	25	2	10	-	10	2	1	-	-	2	11	13 52%
5-9	542	237	53	143	21	52	32	2	2	197	55	252 46.4%
10-14	428	204	19	113	16	43	29	3	1	159	46	205 47.8%
15-45	316	62	76	24	53	11	83	-	7	35	143	178 56.3%
TOTAL	1312	505	158	280	100	108	146	5	10	393	256	649 49.4%
										254	15	
										380	663	

4- COMMENTS

- The majority of the goitres were of a diffuse type.

- A two months baby was seen with a goitre grade 2; the mother reported her daughter was born with it and the mother herself has a visible goitre, grade 3.

- The majority of visible goitres were reported by those surveyed to have developed in Pakistan. The location of their place of origin Afghanistan did not seem to make any difference to the survey results.

- One and half year ago, iodized salt was distributed to these refugees by the BHU. Originally, the iodized salt had come from the PDH office. The BHU physician reported that the iodized salt distribution was discontinued because of some problem with the iodization plant in Peschawar.

- All water comes from a spring through a pipe system and supplies all the camp. A few wells were built, but not used. They are often dry.

There probably is a relationship between the iodine content of the water and the high prevalence of goitres. On January 18, 1990, a sample of the spring water was collected and sent to the IDD Institute in Islamabad for further analysis.

5 - CONCLUSION

Because the refugee community is very concerned about the high prevalence of goitres, I believe they will be very receptive to any treatment that might be implemented in the future.

M A P O F K O G A C A M P

